**SURVEY OF QUALITY OF LIFE AND FOOD IN LATIN AMERICAN UNIVERSITY STUDENTS DURING THE COVID-19 PANDEMIC.**

**1. SOCIODEMOGRAPHIC BACKGROUND**

In the next 10 questions, you will be asked about the background of your environment. Check the option that best identifies you.

**To what country do you belong?**

a) Chile

b) Argentina

c) Mexico

d) Ecuador

e) Panama

f) Colombia

g) Peru

h) Paraguay

i) Guatemala

j) Costa Rica

k) Uruguay

**What faculty or area of ​​study does the degree you are studying belong to?**

a) Health Sciences

b) Engineering and exact sciences

c) Education, social sciences and humanities

d) Agricultural and biological sciences

e) Administration and economic sciences

f) Arts, architecture and design

g) Others

**What year are you in your degree?**

a) First year,

b) Second year

c) Third year

d) Fourth year

e) Fifth or more years

**What is your gender?**

a) Female

b) Male

c) other

**Select your age in completed years**

(drop down between 18 and 45 years)

**What is the level of education reached by the person who contributes the main income of your home?**

1. Incomplete or lower elementary education

2. Complete elementary education

3. Incomplete high school (including Technical education high school)

4. Complete high school. Incomplete technical education

5. Incomplete university. Complete technical education

6. Complete university

7. Post Degree (Master, Doctor or equivalent)

**What is the profession or job of the person who contributes the main income of your household?**

1. **Occasional and informal minor work** (washing, cleaning, occasional domestic service, car care, alms).

2. **basic worker**, unskilled worker, laborer, domestic service with contract.

3. **Qualified worker**, foreman, junior, micro entrepreneur (kiosk, taxi, retail trade, itinerant).

4. **Middle and low administrative employee**, salesperson, secretary, section manager. Specialized technician. Independent professional of technical careers. Primary or Secondary Teacher.

5. **Middle executive** (manager, deputy manager), general manager of a medium or small company. Independent professional of traditional careers (lawyer, doctor, architect, engineer, agronomist).

6. **Senior executive** (general manager) of a large company. Directors of large companies. Owners of medium and large companies. Independent professionals of great prestige.

**How long were you in quarantine or confinement?**

a) I was not

b) Less than 1 month

c) 1-2 months

d) 3-5 months

e) More than 5 months

**Are you currently in quarantine?**

a) Yes

b) No

**Your classes at the university right now are?**

a) Online

b) Face-to-face

**2. PHYSICAL ACTIVITY**

Answer the following questions regarding the physical activities you have done in the last 7 days.

**During the last 7 days, how much time did you spend sitting per day in the week?**

\_\_\_\_\_ hours per day

**Before the pandemic, did you perform 150 minutes (2.5 hours) of physical activity per week of vigorous or intense intensity\*?**

a) Yes

b) No

\* Vigorous or intense activities: are those that require strong physical effort and make you breathe much harder than normal. Eg cycling fast or at normal speed. Does not include walks.

**Do you currently do 150 minutes (2.5 hours) of physical activity per week at a vigorous or vigorous intensity\*?**

a) Yes

b) No

**3. SMOKING HABIT**

**Before the pandemic, did you smoke cigarettes?**

a) Yes

b) No

**Do you currently smoke cigarettes?**

a) Yes

b) No

**4. PERCEPTION OF NUTRITIONAL STATUS.**

**Currently, which of the following nutritional classifications best identifies you?**

a) underweight

b) Normal weight

c) overweight

d) Obesity

**What is your last recorded weight? Record your weight in kilos, for example, 56**

\_\_\_\_\_\_kg

**Which is your height? Record your height in cm, for example, 1.60 = 160**

\_\_\_\_\_ cm

**5. HISTORY OF FEEDING AND SLEEP**

In the following questions, select the alternative that best identifies your eating and sleeping behavior.

**Has the type of food you eat changed since quarantine/lockdown?**

a) You eat the same as before

b) change the diet

**Since the quarantine/confinement, have you noticed any change in your body weight?**

a) You gained weight

b) You lost weight

c) kept the weight off

**Regarding the portions in your meals, during the quarantine/confinement?**

a) increased in size

b) decreased in size

c) They are the same

Next, choose the alternative that most closely identifies with your usual food consumption

**Which of the following eating patterns best describes you?**

a) Western diet: characterized by high consumption of "junk food" such as pizza, hamburgers, French fries. fries. Added to low consumption of fruits and vegetables, legumes, whole grains.

b) Prudent diet: Characterized by a prudent or moderate consumption of all foods, avoiding excesses and deficiencies of consumption.

b) Strict vegetarian diet (vegan): Characterized by consuming only foods of plant origin.

c) Ovo-dairy-vegetarian diet: Characterized by consuming plant foods, eggs, and dairy.

d) Pesco-vegetarian diet: Characterized by consuming vegetable foods, fish, eggs, and dairy products.

e) another diet.

**Do you have breakfast?**

a) Never

b) less than once a week

c) 1-3 times a week

d) 4-6 times a week

e) every day

**Do you eat dairy (milk, fresh cheese, cheese or yogurt)?**

a) I do not consume

b) less than 1 time a day

c) 1 serving per day

d) 2 portions per day

e) 3 servings per day

**Do you eat fruit (fresh regular size)?**

a) Does not consume

b) less than 1 time a day

c) 1 serving per day

d) 2 portions per day

e) 3 servings per day

 **Do you** **consume vegetables (raw or cooked 1 serving equivalent to 1 small plate)?**

a) Does not consume

b) less than 1 time a day

c) 1/2 portion a day

d) 1 serving day

e) 2 servings per day

**Do you eat fish (fresh/frozen/canned not fried)?**

a) Does not consume

b) less than once a week

c) 1 serving per week

d) 2 portions per week

e) 3 portions per week

**Do you consume legumes (beans, lentils, peas, chickpeas)?**

a) Does not consume

b) less than once a week

c) 1 serving per week

d) 2 portions per week

e) 3 or more servings per week

**Do you eat oatmeal or whole-grain breads?**

a) Does not consume

b) less than 3 times a week

c) 1 serving per day

d) 2 portions per day

e) 3 servings per day

**Do you eat food from home (traditional food according to each country)?**

a) Does not consume

b) less than once a week

c) 1 serving per week

d) 2 portions per week

e) 3 or more servings per week

**Do you have dinner? (food + fruit and/or salad)**

a) never

b) less than once a week

c) 1-3 times a week

d) 4-6 times a week

e) every day

 **Do you drink sugary drinks or juices? (portion 1 glass of 200cc)**

a) Does not consume

b) less than 1 time a day

c) 1 serving per day

d) 2 portions per day

e) 3 servings per day

**Do you** **consume alcoholic beverages? (portion 1 glass) Friday or Saturday**

a) Does not consume

b) less than 1 time a day

c) 1 serving per day

d) 2 portions per day

e) 3 servings per day

**Do you eat fried foods?**

a) Does not consume

b) occasionally

c) 1 serving per week

d) 2 portions per week

e) 3 portions per week

**Do you add salt to foods before you taste them?**

a) Does not add

b) adds occasionally

c) always adds

**Do you eat junk food like pizza, hot-dog, hamburgers, french fries, and other similar foods?**

a) Does not consume

b) occasional during the week

c) 1 serving per day

d) 2 portions per day

e) 3 servings per day

**Do you consume at home as a snack or snack, cookies, and sweet snacks?**

a) Does not consume

b) less than 1 time a day

c) 1 serving per day

d) 2 portions per day

e) 3 servings per day

**Sleep**

How many hours do you sleep in a typical night?

\_\_\_\_\_\_\_\_\_\_\_\_\_ hours

**6. Quality of life (WHOQOL-bref)**

This questionnaire asks how you feel about your quality of life, health, and other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the LAST TWO WEEKS.

Please read each of the following questions, assess your feelings, and mark the number on the scale for each question that gives the best answer for you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Verypoor | Poor | Neither poor nor good | Good | Verygood |
| 1 | How would you rate your quality of life? | 1 | 2 | 3 | 4 | 5 |
|  |
|  |  | Verydissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
| 2 | How satisfied are you with your health? | 1 | 2 | 3 | 4 | 5 |
| The following questions ask about **how much** you have experienced certain things in the **last two weeks**. |
|  |  | Not at all | A little | A moderate amount | Very much | An extreme amount |
| 3 | To what extent do you feel that physical pain prevents you from doing what you need to do? | 1 | 2 | 3 | 4 | 5 |
| 4 | How much do you need any medical treatment to function in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 5 | How much do you enjoy life? | 1 | 2 | 3 | 4 | 5 |
| 6 | To what extent do you feel your life to be meaningful? | 1 | 2 | 3 | 4 | 5 |
| 7 | How well are you able to concentrate? | 1 | 2 | 3 | 4 | 5 |
| 8 | How safe do you feel in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 9 | How healthy is your physical environment? | 1 | 2 | 3 | 4 | 5 |

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| The following questions ask about **how completely** you have experienced **or** were able to do certain things in the **last two weeks.**  |
|  |  | Not at all | A little | A moderate amount | Very much | Extremely |
| 10 | Do you have enough energy for everyday life? | 1 | 2 | 3 | 4 | 5 |
| 11 | Are you able to accept your body appearance? | 1 | 2 | 3 | 4 | 5 |
| 12 | Have you enough money to meet your needs? | 1 | 2 | 3 | 4 | 5 |
| 13 | How available to you is the information you need in your day-to-day life? | 1 | 2 | 3 | 4 | 5 |
| 14 | To what extent do you have the opportunity for leisure activities? | 1 | 2 | 3 | 4 | 5 |
| 15 | How well are you able to get around physically? | 1 | 2 | 3 | 4 | 5 |
| The following questions ask about **how good or satisfied** you have felt about aspects of your life over the **last two weeks.** |
|  |  | Very dissatisfied | Dissatisfied | Neithersatified nor dissatisfied | Satisfied | Very satisfied |
| 16 | How satisfied are you with your sleep? | 1 | 2 | 3 | 4 | 5 |
| 17 | How satisfied are you with your ability to perform your daily living activities? | 1 | 2 | 3 | 4 | 5 |
| 18 | How satisfied are you with your capacity for work | 1 | 2 | 3 | 4 | 5 |
| 19 | How satisfied are you with yourself? | 1 | 2 | 3 | 4 | 5 |
| 20 | How satisfied are you with your personal relationships? | 1 | 2 | 3 | 4 | 5 |
| 21 | How satisfied are you with your sex life? | 1 | 2 | 3 | 4 | 5 |
| 22 | How satisfied are you with the support you get from your friends? | 1 | 2 | 3 | 4 | 5 |
| 23 | How satisfied are you with the conditions of your living place? | 1 | 2 | 3 | 4 | 5 |
| 24 | How satisfied are you with your access to health services? | 1 | 2 | 3 | 4 | 5 |
| 25 | How satisfied are you with your transport? | 1 | 2 | 3 | 4 | 5 |

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| The following question refers to **how often** you have felt or experienced certain things in the last two weeks.  |
|  |  | Never | Seldom | Quiteoften | Very often | Always |
| 26 | How often do you have negative feelings such as blue mood, despair, anxiety or depression? | 1 | 2 | 3 | 4 | 5 |